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Name of Person Making Transmission: Carol  
RiedingerSignature: *Carol Riedinger*

DOCUMENT(S) FAXED: (MARKED WITH X)

PAGES ATTACHED 8

Re Applic of	Liebmann, et al.
Docket No.	FIS920010274US2
Serial No.	10/801,880
Filing Date	03/16/2004
Attorney	Todd M.C. Li

Attached: AMENDMENT**PLEASE DELIVER TO:**

EXAMINER: Stephen D. Rosasco

ART UNIT: 1756

PHONE NO: 703-305-7859

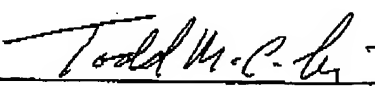
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**INTERNATIONAL BUSINESS  
MACHINES CORPORATION**

Intellectual Property Law  
East Fishkill Facility  
2070 Route 52  
Hopewell Junction  
New York 12533-6531

Fax: 845-892-6363  
Phone: 845-894-2580

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No.	
Applicant(s): Liebmann, et al.					FIS920010274US2	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/801,880	03/16/2004	Stephen D. Rosasco	32074	1756	4485	
Invention: ALTERNATING PHASE SHIFT MASK DESIGN WITH OPTIMIZED PHASE SHAPES						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	3 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment.						
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____						
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.						
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 090458						
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.						
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038.						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: Feb. 3, 2005			
Todd M.C. Li Registration No. 45,554 Telephone No. 845-894-6919 Fax No. 845-892-6363			<b>CERTIFICATION OF FACSIMILE TRANSMISSION:</b> I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: 2/3/05 Name of Person CAROL RIEDINGER Making Transmission: Signature: Carol Riedinger			
cc:						

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING  
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FEB. 3, 2005  
Name of Person Making Transmission:  
Carol Riedinger  
Signature: Carol Riedinger  
Date of Signature: 2/3/05

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

) Attorney Docket No. FIS920010274US2

) Confirmation No. 4485

Liebmann et al.

)

)

Serial No.: 10/801,880

) Examiner: Stephen D. Rosasco

Filed: March 16, 2004

) Group Art Unit: 1756

For: ALTERNATING PHASE SHIFT  
MASK DESIGN WITH  
OPTIMIZED PHASE SHAPES

)

)

)

) Date: Feb. 2, 2005

The Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT

Sir:

**10/801,880**

In response to the Office Action dated November 03, 2004, please amend the above-identified Application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 5 of this paper.

**FIS920010274US1**

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